

**PAST PERFORMANCE QUESTIONNAIRE**

Past Performance Reference  
COMPANY PERFORMING REFERENCE  
(Name, Address, and Telephone #)

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PERSON COMPLETING QUESTIONNAIRE  
(Name, Job Title, and Telephone #)

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The following contractor has submitted a proposal to provide Shipboard Physical Security Installation Services in response to a recent RFP.

CONTRACTOR:

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CONTRACT NUMBER:

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CONTRACT TYPE:

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NATURE OF THE EFFORT:

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It is requested that the Contracting Officer and the Technical Point of Contact for the contract cited above, complete this questionnaire to provide Past Performance Data for consideration by the RFP evaluation panel. The Questionnaire shall be forwarded to Naval Surface Warfare Center Crane Division, 300 Highway 361, Crane IN, 47522-5001, Bldg. 2521 Attention: Daniel Davis 1162NN, Solicitation No. N00164-03-R-4401, on or before 15 December 2003 (*solicitation closing date*). Facsimile Number: (812) 854-3384.

Circle the number on the scale of 1 to 5 which most accurately describes the contractor's performance on the referenced contract. A "5" represents an Exceptional performance, and a "1" indicates an Unacceptable performance. Please add any comments and information that might help to determine the contractor's probable performance.

**RATING SCALE**

1. Assess the contractor's conformance to contract requirements, specifications and standards of good workmanship (e.g. commonly accepted technical, professional, environmental, or safety and health standards), including the accuracy of reports/data. For example: Did the product or service provided always meet the SOW/specifications of the contract? Did the work measure up to commonly accepted technical or professional standards?

1 2 3 4 5

2. Assess the degree to which the contractor did not require Government technical direction to solve problems that arose.

1 2 3 4 5

**RATING SCALE**

3. Assess the timeliness of the contractor against the completion of the contract, task orders, milestones, delivery schedules, and administrative requirements. Instances of adverse actions such as the assessment of liquidated damages, or issuance of Cure Notices, Show Cause Notices, Delinquency Notices are indicators of problems which may have resulted in variance to the contract schedule and should therefore be noted in the evaluation.

1 2 3 4 5

4. Assess the contractor's ability to overcome program, technical, or schedule difficulties. Assess the contractor's technical judgment as demonstrated by the quality of their design results.

1 2 3 4 5

5. Cost Control (Not required for Firm Fixed Price or Firm Fixed Price with Economic Price Adjustment) Assess the contractor's effectiveness in forecasting, managing, and controlling contract cost. For example: Did the contractor keep within the total estimated cost (what is the relationship of the negotiated costs and budgeted cost to actuals)? Were billings current, accurate and complete?

1 2 3 4 5

6. Assess the adequacy of the contractor's accounting, billing and estimating systems.

1 2 3 4 5

7. Did the contractor's labor charges remain consistent with what was initially proposed at the outset of the contract?

1 2 3 4 5

8. Assess the integration and coordination of all activity needed to execute the contract, specifically the timeliness, completeness and quality of problem identification, corrective action plans, proposal submittals, the contractor's history of reasonable and cooperative behavior. Was the contractor oriented toward customer satisfaction?

1 2 3 4 5

9. Assess the contractor's success with timely award and management of subcontracts, including management control, subcontract costs and problem resolution.

1 2 3 4 5

**RATING SCALE**

10. Assess the contractor's performance in selecting, retaining, supporting, and replacing, when necessary, the key personnel. For example, how well did the contractor match the qualifications of the key position, as described in the contract, with the person who filled the key position? If a key person did not perform well, did the contractor take effective action to correct this? If replacement of key person(s) was necessary, did the replacement(s) meet or exceed the qualifications of the position as described in the contract? 1 2 3 4 5

11. If the contract incorporated a small business, HUBZone small business, small disadvantaged business and women-owned small business subcontracting plan, were the goals attained or exceeded? 1 2 3 4 5

12. Other than meeting the goals of the small business, HUBZone small business, small disadvantaged business and women-owned small business subcontracting plan, how successful is the offeror in fostering participation and assisting such firms? 1 2 3 4 5

**TOTAL POINTS** \_\_\_\_\_

**QUALITY**

***NOTE: AN EXPLANATION MUST ACCOMPANY ALL ANSWERS WITH AN ASTERISK (\*)***

13. Was consideration or a monetary withholding for non-conforming supplies/services or late deliveries assessed against this contract?

☐ Yes\* ☐ No

\*Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List instances of any adverse action taken due to inability to meet technical requirements, or delivery or cost schedules (e.g. cure notices, show cause notices, or other delinquency notices, etc.)

\*Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Was/is any part of this contract terminated for default and/or in litigation?

☐ Yes\* ☐ No

\*Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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16. Was any warranty work completed on delivered items?

☐ Yes\* ☐ No

\*Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **TIMELINESS**

**NOTE: AN EXPLANATION MUST ACCOMPANY ALL ANSWERS WITH AN ASTERISK (\*).**

17. Were all items (including products, services, reports, etc.) delivered within the original contract or delivery order schedule?

☐ Yes ☐ No\*

\*Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRICE/COST**

18. What was the awarded contract price/cost? \$ \_\_\_\_\_

19. How many price/cost type modifications were issued? \_\_\_\_\_

20. Was the original contract price/cost met?

☐ Yes

☐ No\*

\*Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. If the estimated cost was not met, what was the positive/negative percentage of change?

+ \_\_\_\_\_ - \_\_\_\_\_

22. Address the consistency of labor rates/charges during the term of the contract in comparison to rates initially proposed at the onset of the contract.

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Address any innovative actions taken that resulted in cost savings.

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Provide information and describe problems encountered under the identified contract and offeror's corrective action(s) initiated to solve any of the described problems. Discuss the success of the corrective action(s) taken.

[illegible][illegible][illegible]

27. Would you award similar contracts to the contractor? ☐ YES ☐ NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
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ADDITIONAL COMMENTS:  
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(NAME, POSITION (TPOC OR KO)                      SIGNATURE                      DATE